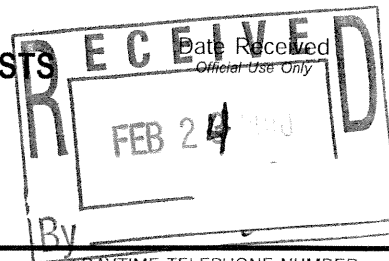


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A Public Document



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Nestande	Brian	Kenneth	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
OPTIONAL: E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Assembly

Division, Board, District, if applicable:

Your Position:

Assemblyman, 64th District

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate Election Year: 2008

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 23, 2010
(month, day, year)

Signature _____
(File the original signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Brian Nestande

NAME OF BUSINESS ENTITY
Stone Haven Development

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Housing Developemnt

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Pay Interest for Work Done
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
 (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 09 / / 09
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D

Income – Gifts

<div> <div>NAME OF SOURCE</div> <div>MillerCoors LLC</div> <div>ADDRESS (Business Address Acceptable)</div> <div>411 E Wisconsin Ave/ Milwaukee, Wisconsin 53202</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>05 / 18 / 09</td> <td>\$ 176.90</td> <td>Meal & Beverages</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 18 / 09	\$ 176.90	Meal & Beverages	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	<div> <div>NAME OF SOURCE</div> <div>Assemblyman Same Blakeslee</div> <div>ADDRESS (Business Address Acceptable)</div> <div>2150 River Plaza Dr. #150</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <div> <div>Joint Legislative Summit</div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>12 / 01 / 09</td> <td>\$ 276.69</td> <td>Briefcase/Jacket/CuffL</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table> </div>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 01 / 09	\$ 276.69	Briefcase/Jacket/CuffL	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
05 / 18 / 09	\$ 176.90	Meal & Beverages																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
12 / 01 / 09	\$ 276.69	Briefcase/Jacket/CuffL																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
<div> <div>NAME OF SOURCE</div> <div>State Building & Construction Trades council of CA</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1225 8th St Suite 375/ Sacramento CA 95814</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <div> <div>Building & Construction Trade</div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>07 / 08 / 09</td> <td>\$ 128.75</td> <td>Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table> </div>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	07 / 08 / 09	\$ 128.75	Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	<div> <div>NAME OF SOURCE</div> <div>Rincon Band of Luiseno Indians</div> <div>ADDRESS (Business Address Acceptable)</div> <div>P.O. Box 68/ Valley Center, CA 92028</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>05 / 08 / 09</td> <td>\$ 108.50</td> <td>Gift Basket/ Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 08 / 09	\$ 108.50	Gift Basket/ Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
07 / 08 / 09	\$ 128.75	Dinner																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
05 / 08 / 09	\$ 108.50	Gift Basket/ Dinner																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
<div> <div>NAME OF SOURCE</div> <div>California Tribal Business Alliance</div> <div>ADDRESS (Business Address Acceptable)</div> <div>1530 J Street, Suite 250</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>01 / 14 / 09</td> <td>\$ 88.77</td> <td>Reception</td> </tr> <tr> <td>08 / 26 / 09</td> <td>\$ 29.00</td> <td>Luncheon</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	01 / 14 / 09	\$ 88.77	Reception	08 / 26 / 09	\$ 29.00	Luncheon	__ / __ / __	\$ _____	_____	<div> <div>NAME OF SOURCE</div> <div>CTTC 980 9th St. Suite 480 Sacramento, CA 95814</div> <div>ADDRESS (Business Address Acceptable)</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> </div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>04 / 28 / 09</td> <td>\$ 50.00</td> <td>Cost of Food</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	04 / 28 / 09	\$ 50.00	Cost of Food	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
01 / 14 / 09	\$ 88.77	Reception																							
08 / 26 / 09	\$ 29.00	Luncheon																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
04 / 28 / 09	\$ 50.00	Cost of Food																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							

Comments:

SCHEDULE D

Income – Gifts

► NAME OF SOURCE
Family Winemakers of California
 ADDRESS (Business Address Acceptable)
520 Capitol Mall Suite 260/ Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 09</u>	\$ <u>72.00</u>	<u>Wine & Food</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
CalPortland
 ADDRESS (Business Address Acceptable)
455 Capitol Mall Suite 801/Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 09</u>	\$ <u>169.66</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Rd/ Takeside CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 13 / 09</u>	\$ <u>96.12</u>	<u>Hotel Room</u>
<u>03 / 13 / 09</u>	\$ <u>24.00</u>	<u>Food</u>
<u>03 / 13 / 09</u>	\$ <u>113.22</u>	<u>Meals</u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Brian Nestande</div>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**

► NAME OF SOURCE

Frank Singer

ADDRESS (Business Address Acceptable)

3552 Venture Drive

CITY AND STATE

Huntington Beach, CA 92649

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pilot for Roy Wilsons Service

DATE(S): 09/02/09 - 09/02/09 AMT: \$ 260.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Flew members down to Riverside

► NAME OF SOURCE

LA/Ontario International Airport

ADDRESS (Business Address Acceptable)

1940 East Moore Way

CITY AND STATE

Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Parking

DATE(S): 01/01/09 - 12/31/09 AMT: \$ 1640.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

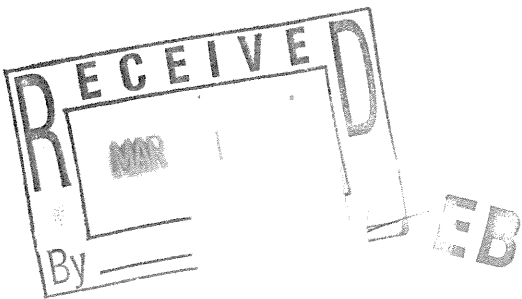
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments:



SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE

Ruth's Chris Steak House

ADDRESS (Business Address Acceptable)

1355 North Harbor Drive, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 09	\$ 54.37	Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Verification

Print Name Brian Nestande

Office, Agency
or Court District 64

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/01/2010

Signature _____

Comments: _____

EB

SCHEDULE D
Income – Gifts

2010 JUN 23 PM 4: 00

AMENDMENT

BY:

NAME OF SOURCE		
California Tribal Business Alliance		
ADDRESS (Business Address Acceptable)		
1530 J Street, Suite 250		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Reception - Back to Session Bash/ Luncheon		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 09	\$ 88.77	Reception
08 / 26 / 09	\$ 29	Luncheon
	\$	

► NAME OF SOURCE

Barona Band of Mission Indians

ADDRESS (*Business Address Acceptable*)

1095 Barona Rd/ Takeside CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03</u> / <u>13</u> / <u>09</u>	<u>\$ 96.12</u>	<u>1 night @ Hotel</u>
<u>03</u> / <u>13</u> / <u>09</u>	<u>\$ 24.00</u>	<u>Food</u>
<u>03</u> / <u>13</u> / <u>09</u>	<u>\$ 113.22</u>	<u>Dinner @ Resort</u>

Print Name Brian Nestade

Office, Agency or Court State Capitol - Room 4153

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed June 21, 2010
(month day year)

Signature _____

FPPC Form 700 Amendment (2009/2010) Sch. D
FPPC Toll-Free Helpline: 866/ASK-FPPC